

PART B - FEE(S) TRANSMITTAL

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22840 7590 04/06/2009

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GE HEALTHCARE BIO-SCIENCES CORP.
PATENT DEPARTMENT
800 CENTENNIAL AVENUE
PISCATAWAY, NJ 08855

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MELISSA LECK (Depositor's name)
/MELISSA LECK/ (Signature)
MAY 29, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/526,089	02/23/2005	Cecilia Kepka	PU0265	6639

TITLE OF INVENTION:

RECOVERY OF PLASMIDS IN AN AQUEOUS TWO-PHASE SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	07/06/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS		
BURKHART, MICHAEL D		1633	435-325000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 YONGGANG JI
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee name will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

GE HEALTHCARE BIO-SCIENCES AB

UPPSALA, SWEDEN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

/YONGGANG JI/

Date MAY 29, 2009

Typed or printed name YONGGANG JI

Registration No. 53073

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